Statistical Analysis

OF

ONE HUNDRED AND SIXTY-SIX CASES

OF

SECONDARY SYPHILIS,

OBSERVED AT THE

LOCK HOSPITAL IN THE YEARS 1838-39,

With Observations.

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STATISTICAL ANALYSIS OF 166 CASES OF SECONDARY SYPHILIS, OBSERVED AT THE LOCK HOSPITAL IN THE YEARS 1838-39, WITH OBSERVATIONS.

In Medical Statistics, it frequently happens that favourable results are displayed, whilst others are passed over in silence; false impressions may thus be conveyed, even though the facts published be true. The accuracy of statistical conclusions in medicine may consequently be frequently doubted, especially when it is against the interest both of the patients and of the surgeons, that unsuccessful cases should be recorded. Especially with regard to the treatment of disease, are we bound to look with some degree of suspicion upon statistical evidence; for, although the favourable cases may be fairly enough stated, it can hardly be expected that large numbers of unsuccessful cases, particularly when they have to be collected from different sources, and when the stimulus of success is wanting to fix them upon the attention, can be brought forward with the same degree of prominence or fidelity. Valuable, then, as such evidence must always be, and necessary as an appeal to it is in all disputed questions, there must still be a doubt with regard to the conclusions drawn from it, when derived only from successful results. In the accompanying tables, a different plan has been followed, and one which is not liable to these objections. It has been my endeavour to investigate certain points connected with the history of Syphilis, from those cases only where the treatment of the primary affection had not been successful in preventing secondary disease. For this purpose, I have collected, and noted, as accurately as circumstances would permit, all the cases of Secondary affection which presented themselves at the Lock Hospital during the greater portions of the years 1838-39. By analyzing these cases, and observing the different probable causes of failure in the treatment of the primary affection, and the relative frequency with which particular symptoms followed the mercurial or the non-mercurial plan of treatment, some important practical results may, I think, be deduced.

If it can be shewn, that after a disease has been treated according to a certain plan, any symptom, or set of symptoms, which naturally may be expected, does not make its appearance, or only does so in a small proportion of cases, we may with tolerable certainty conclude that the course of the disease is influenced by the treatment. If, for example, in the present day, it should be found, that out of 100 patients presenting themselves with small-pox, a very small proportion only had ever been vaccinated, this negative evidence in favour of vaccination would carry with it as much weight as would attach itself to the histories of a hundred cases of vaccinated persons, in whom a very large proportion subsequently remained free from the disease. It is upon this kind of negative evidence that some of the following conclusions are based; and if the facts have been accurately recorded, they must, I think, be regarded as at least of equal value with those which have been derived from the more direct evidence of the successful issue of particular cases. I have only further to premise, that the accompanying cases were noted without any particular preconceived opinions on the points which they tend to establish, and are preserved in order to attest the accuracy of the conclusions which have been deduced from them.

In analyzing the results of the mercurial and the non-mercurial plans of treatment, it is requisite to compare similar classes of cases with each other.

For this purpose, the cases have been divided, in Table II, into those which presented characteristic induration, and those in which this was not observed; and each class is again subdivided into those where the primary affection was treated by mercury, and those in which it was not so treated. A comparative view is given of the results of cases where the primary ulcer was accompanied by induration, according as it was treated with and without mercury; and a similar subdivision is observed in giving the numerical proportion, in which particular symptoms were observed to accompany, or to follow, primary ulcers where specific induration was not observed. The comparative results deduced from this table are confined to the cases which presented themselves in male patients, as in these the different primary affections may be classed with greater certainty, and the histories of the disease may be obtained with greater accuracy than in females. Similar results are afforded by taking the whole number of cases together; but the numerical proportions, given with reference to the men only, I believe to be the most accurate, and I shall therefore confine myself to these in the following observations.

In comparing together the cases of ulcer accompanied by induration, we find that the existence of bubo is recorded in the proportion of 61 per cent. where the primary affection was treated with mercury, and in 41 per cent. where this medicine was not used; and that on the other hand, the absence of bubo is noted in the proportion of 35 per cent. in the former, and of 53 per cent. in the latter class. The conclusion, which necessarily follows this comparison, is, that where mercury is given ineffectually, so as not to eradicate the disease from the system, it encourages the formation of bubo. The same medicine which promotes the absorption of the specific induration, is seen thus to favour the transmission of the virus along the course of the absorbents. The object of the effusion of lymph around the sore, and its mode of treatment, then become of practical interest with regard to the absorption of the venereal poison; and what is observed with respect to it, I believe to be perfectly in accordance with what takes place in other parts of the body. When effusion of lymph circumscribes a wound upon the hand, it is well known how seldom the absorbents become inflamed; and, on the contrary, how frequently this happens when the healthy effusion of lymph is wanting, and diffuse cellular inflammation occurs. I conclude, then, that the effusion of lymph around venereal sores, is an attempt of nature to limit the progress of the disease, and that when it is prevented, or does not occur, the poison finds a more ready course along the absorbents than under other circumstances. In support of this view, it is shewn in Table II, that the absence of bubo is recorded in the proportion of 53 per cent. in cases of indurated sores treated without mercury, and in the proportion of 26 per cent. only, under the same mode of treatment, where the sores were not accompanied by induration. The table presents one apparent exception to these conclusions in the fourth series; but this depends upon the number of cases of sloughing sores which are included in it. The sloughing of the parts, when it occurs, appears to prevent the virus finding its way along the absorbents, even more effectually than the effusion of lymph does in other cases; and hence it is, that unindurated sores treated with mercury, shew a comparatively small number of accompanying affections of the inguinal glands.

The circumstances which favour the effusion of lymph around venereal sores, are the same as those which most frequently accompany the papular eruption. The proportion in which this form of eruption was noted, after indurated sores, when not influenced by treatment, was 47 per cent.; whereas it occurred in the proportion of about 17 per cent. only after ulcers, in which no induration was observed. The effect of mercury in influencing the form of secondary symptoms, which appear after a primary ulcer, is also indicated in a very marked manner with regard to this kind of eruption. The papular eruption is shewn not to follow in half the number of cases where indurated sores have been treated by mercury, as when that medicine has not been employed.

The comparative frequency with which the different forms of eruption make their appearance may thus be generally stated:—The papular and scaly are observed in a greater relative proportion of cases after the treatment of the primary affections by local means; the pustular and tubercular after the administration of mercury. That the kind of eruption which appears, follows some very definite and predetermined law, has long been suspected, although pathological researches have hitherto failed to determine, with any degree of precision, the circumstances by which it is influenced. The following very unexpected result clearly points to the existence of such a law, although it perhaps does little to remove the mystery in which it is involved. It will be seen, by reference to the line containing the indurated sores, which were treated by mercury, that the papular eruption bears the same relative proportion to the pustular, that the scaly does to the tubercular.

The regularity with which the numbers present themselves, is such, that if any three of them are given, the common rule of three would indicate the fourth with considerable accuracy. The following proportions will shew how closely the result given by actual observation, accords with that which would be afforded by calculation :

Papular.		Scaly.		Pustular.		Tubercular.	
						By Observation.	By Calculation.
7	:	4	: :	11	:	6	6·28

The ingenious hypothesis maintained by some surgeons of eminence, that the kind of primary ulcer influences the secondary eruption, must be allowed to have been founded upon observation, however numerous the exceptions, and however medical men may differ with regard to its explanation. The facts mentioned above, shew that such a connexion does exist between particular kinds of ulcers and particular secondary symptoms, but they unequivocally point to these as being common effects of the same causes. They shew that the same condition of system which readily generates the lymph which circumscribes a chancre, will readily produce the lymph which forms the pimple of the secondary affection. They also shew that the mode of treatment of the primary affection has a most marked effect upon the form in which constitutional Syphilis presents itself; and it may be easily imagined, that a surgeon who is in the habit of treating some descriptions of sores in a particular way, may be himself the means of favouring the production of the very kind of eruption which he records as the consequence of the primary disease.

In the conclusions drawn from the accompanying table, with respect to the action of mercury, it is necessary to bear in mind, that they are composed exclusively of cases in which the treatment did not prevent the system from becoming contaminated by the disease; and we find, that under these circumstances, not only does the mercury produce an injurious effect upon the constitution, but it also acts injuriously upon the local disease. Taking the average length of time in which the primary affections healed, as they are recorded in the first table, we find the result to be in favour of the non-mercurial plan of treatment. We may thus trace the injurious effects of mercury, when given ineffectually, through every stage of the disease; and the great question, therefore, presses itself upon our attention, how are we to know whether mercury is likely to produce its beneficial, or its injurious, results? When may we expect it to act as a remedy for the disease, and when as a poison in the system?

The following are some of the principal circumstances which occurred during the treatment of the primary affections, and, I conceive, prevented the mercury from producing its legitimate action upon the system and the disease :

In 32 out of 166 cases, three weeks was the longest period that the mercury was continued.

In 19 cases, it did not produce a decided effect upon the system.

In 11 cases, its effect was either violent or greater than desirable.

In 4 cases, the patients were exposed to alterations of temperature, or to cold air, during the time of taking the mercury.

In 2 cases, the bowels were much deranged during its administration.

In 3 cases, the mercurial course was intermitted.

In 10 cases, the mercury was taken irregularly.

In 7 cases, the mercury was commenced a considerable time after the first appearance of the disease.

In 1 case, the venereal eruption made its appearance three weeks after the commencement of the mercurial course, and the venereal action must, therefore, have commenced in the system before the effect of the mercury was established.

These cases, added to 75, in which no mercury was administered for the primary disease, leave only two out of the whole number of cases in which the principal cause of failure in the treatment of the primary affection may not be pointed out; and even in these two cases, the evidence, with regard to proper mercurial treatment, is not very satisfactory: in one, the patient stated, that he had taken four pills daily for four months; and in the other, eight months had elapsed between the period of the patient's taking mercury and his admission into the Hospital.

When, in such a number of consecutive cases, we find so small a proportion that had been subject to proper mercurial treatment, we are, I think, justified in concluding, that after such treatment the persistence of the disease is seldom met with; and the general principle may, I believe, be maintained, that where a mild mercurial action has been continued for about four weeks, shortly after the appearance of the disease, and has not been interfered with by any of the causes above enumerated, the instances in which secondary symptoms will follow, are very rare. Exceptions to this rule will occasionally present themselves; but so long as causes can be assigned for such exceptions, they rather tend to maintain than to invalidate the principle. The most frequent cause of failure in the administration of mercury for the cure of the venereal disease, next to its being sustained an inadequate length of time, is probably the want of proper regulation with regard to its effect. The quantity given, and not its effect upon the system, are made not uncommonly the criterion of its intended action.

Mr. Pearson[1] gives, as the result of his experience, drawn from not less than twenty thousand cases, that mercury may safely be confided in for the cure of the venereal disease, when we have that disease only to contend with; and it is not a little gratifying to me to find the negative evidence, drawn from the statistics which are now brought forward, supported and confirmed by such an authority. The conclusion at which I have arrived, from all the points that have been adduced, is, that where mercury is inefficiently given, or when its action is not properly regulated, it acts prejudicially; but under other circumstances, it may be relied upon for the cure of Syphilis.

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[1] Observations on the Lues Venerea, p. 99.

TABLE I. VIEW OF 166 CASES OF SECONDARY SYPHILIS OBSERVED AT THE LOCK HOSPITAL, DURING THE YEARS 1838-39.

	Sex.	Age.	Primary affection.	Bubo.	Took Mercury.	Commenced mercury.	Mouth affected.	Primary sore healed.	Appearance of secondary symptoms.	Secondary symptoms.
1	M.	28	Excavated sores on glans and prepuce, that on the glans indurated; had bubo.	Yes.	Pil. hydr. gr. v, bis die for 7 weeks, during which he was at work.	1 month.[1]	1 week.	7 weeks.[1]	3 months[1]	Sore throat; eruption, partly tubercular and partly pustular.
2	M.	21	Circular sore, with indurated base, leaving an indurated cicatrix.	..	For 3 months.	3 months.	10 weeks; profusely.	6 months.	27 weeks.	Mottled skin; sore throat; general debility.
3	M.	30	Slight ulcer on the prepuce.	..	For sec. affect. 2 pills daily for 3 mths.	12 months.	....	3 months.	12 months.	Exfoliation of vomer; ulceration of the posterior arch of the palate.
4	M.	20	Phagedenic ulceration of frænum; several small circular ulcers, filled with yellow slough, on glans.	No.	Two weeks and 5 weeks, with 3 weeks interval.	2 weeks.	3 weeks.	10 weeks.	3 months.	Scaly eruption on bend of elbows; mulberry-coloured eruption on the inside of the thigh; excavated ulcers on the tonsils; mottled skin.
5	M.	29	Sore, destroying the frænum.	..	Pil. hydr. gr. v, for 6 weeks.	1 week.	No.	3½ weeks.	8 months.	Iritis; eruption of ulcerated tubercle.
6	M.	24	Ulcerated bubo; no history of sore or discharge.	Yes.	Twenty-four pills.	....	Yes.	....	5 months.	General eruption of papulæ; iritis.
7	M.	34	Phimosis; discharge; small sore near frænum.	..	For 3 weeks.	At once.	Yes.	3 weeks.	4 months.	Eruption—at first tubercular, subsequently pustular; iritis.
8	F.	19	Circular indurated sore; discharge; condylomata.	No.	Not for primary affection.	6 weeks.	....	....	6 weeks.	Scaly eruption, slightly raised and flat; sore throat.
9	M.	22	Sore near frænum, leaving slightly indurated cicatrix.	Yes.	Took pills (mercurial?) for 6 weeks. Caught cold while taking them.	1 week.	Slightly.	3 weeks.	5 months.	Papular eruption; sore throat. The eruption recurred occasionally in a few scattered spots till the year 1844.
10	F.	28	Extensive ulceration of inner surface of both labia, surrounded by much induration.	No.	For secondary affection.	3 months.	Slightly.	Not when she left.	3 months.	Desquamating tubercular eruption on head, body, and limbs.
11	F.	18	Ulcerated condylomata on the opposed surfaces of both labia and on the perinæum.	..	None.	....	....	....	2 months.	Pustular eruption on abdomen; ulcerated tonsils.

12	F.	26	Uneven circular superficial sore.	Yes.	None for primary affection.	13 weeks.	Yes.	....	8 weeks.	Ulcerated tonsils; tubercular eruption.
13	F.	19	Ulcerated condylomata; extensive ulceration of perinæum.	..	None for primary affection.	11 weeks.	Slightly.	....	11 weeks.	Ulcerated tonsils, with ash-coloured surface.
14	F.	25	Ulceration of inferior commissure and perinæum.	..	None for primary affection.	1 month.	Slightly.	....	4 weeks.	Eruption of lichen; succeeded first by a pustular, and subsequently by a tubercular eruption; iritis.
15	M.	25	Large florid sore, extending from dorsum of penis to frænum.	Yes.	None for primary affection.	11 weeks.	Very slightly.	14 weeks.	2 months.	Eruption of small desquamating tubercle; ulcerated tonsils. Eruption and ulceration of tonsils recurred after using mercurial inunction for a month.
16	M.	24	Circular greatly indurated sore, surrounding the orifice of the prepuce.	No.	None for primary affection.	15 weeks.	Yes.	....	15 weeks.	Excavated ulcer, coated with lymph, upon each tonsil; scaly, flat eruption, slightly elevated.
17	M.	24	Sore, destroying portion of glans penis. Had disease before.	Yes.	Two weeks.	At first.	Yes.	....	3 months.	Phagedenic ulceration of tonsils.
18	M.	40	Indurated sore on inner surface of prepuce.	No.	One month. Was exposed to cold while taking the mercury.	At first.	Yes.	6 weeks.	9 weeks.	Pains in limbs; exfoliation of portion of os frontis.
19	M.	20	Indurated sore near the frænum. (Strumous constitution.)	No.	No.	....	....	4 months.	2 months.	Papular eruption on face; pustular eruption on back and body.
20	M.	18	Large oval sore, with florid surface and indurated base.	Yes.	One or two pills daily for 7 weeks.	2 weeks.	No.	6 weeks.	13 weeks.	Mottled skin; scaly eruption upon body; ulceration of right tonsil.
21	M.	19	Small sore on fold of prepuce.	Yes.	Four pills daily for 4 months (mercurial?)	At first.	Yes.	....	10 weeks.	Spots of lepra on the abdomen and arms.
22	M.	16	Two indurated sores on inner surface of prepuce.	..	None for primary affection.	....	....	....	7 weeks.	Papular eruption; vascularity of fauces; right tonsil slightly ulcerated.
23	M.	32	Phimosis, with sloughing sore.	..	Three pills daily for 3 weeks. Before salivation occurred, bled for affection of liver.	2 weeks.	Very much.	11 weeks.	3 weeks.	Rupia.
24	F.	18	Irregular excavated sore, with thickened edges.	..	None for primary affection.	....	....	5½ months.	4 months.	Enlargement of right tonsil; excoriation of left. (Qy. Venereal?)
25	F.	20	Circular sore, with indurated base.	..	Eighteen pills in 2 weeks.	At first.	Yes.	....	6 weeks.	Right tonsil enlarged, presenting an excavated ulcer.
26	F.	19	Ulcer, accompanied by swelling and inflammation of labium.	..	Used mercurial friction for 4 weeks.	2 weeks.	....	7 weeks.	6 weeks.	Ulcerated tonsils; eruption on neck and body, chiefly papular, but in some places pustular. The papulæ appeared three weeks after commencing mercury.

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[1] After the appearance of the Primary affection.

TABLE I, CONTINUED.

	Sex.	Age.	Primary affection.	Bubo.	Took mercury.	Commenced mercury.	Mouth affected.	Primary sore healed.	Appearance of secondary symptoms.	Secondary symptoms.
27	M.	24	Small sores on prepuce, with ash-coloured surface; when healed, leaving some induration	No.	None for primary affection.	....	....	3 weeks.	6 months.	Excavated ulcer on tonsils, with ash-coloured surface.
28	F.	18	Small circular indurated sore on left labium, with fawn-coloured surface.	Yes.	None for primary affection.	....	....	....	2 weeks ?	Scaly and slightly raised circular eruption on various parts of the body. Had sore throat before the appearance of the present disease.
29	F.	19	Circular sore, with indurated base on left labium.	No.	None for primary affection.	....	....	....	5 weeks.	Scaly eruption, flat. circular, slightly raised, covering the whole body.
30	F.	17	Ulcer on the exterior of left labium, surrounded by considerable induration.	No.	None for primary affection.	....	....	....	6 weeks.	Papular eruption; sore throat.
31	M.	20	Ulcer on glans penis, spreading rapidly.	Yes.	Three pills daily for 8 days.	5 weeks.	Very much.	9 weeks.	4 months.	Sore throat; large rupial scabs.
32	M.	36	Ulcer destroying frænum, leaving indurated cicatrix.	No.	Took pills for 3 weeks.	2 weeks.	Slightly.	8 weeks.	10 weeks.	Excavated ulcer on each tonsil.
33	M.	23	Two ulcers on the prepuce, accompanied by surrounding induration.	Yes.	Uncertain whether any.	....	No.	2 months.	8 months.	Copper-coloured stains on various parts of the body, presenting a mealy scurf upon their surface.
34	M.	20	Phimosis; two sores upon the prepuce, appearing first as excoriations, subsequently becoming indurated.	Yes.	Took 20 different sorts of pills.	Probably 1 month.	For one month.	6 weeks.	13 weeks.	Scaly eruption, circular, slightly elevated, chiefly upon the face. It faded in two months, but subsequently returned.
35	M.	24	Superficial sores upon the under surface of prepuce.	Glands slightly enlarged.	None for primary affection.	....	....	....	6 months.	Excavated ulcer upon each tonsil.
36	M.	18	Large sore, with indurated base, clean surface, and florid red margin on external prepuce. The cicatrix was indurated when he discontinued the mercury.	Glands enlarged.	Pil. hydr. gr. v, bis vel ter die, from May 22 to July 10.	4 weeks.	Very slightly.	6 weeks.	12 weeks.	Scaly eruption on arms and hands; mottled skin; two circular spots of ulceration on right tonsil, with ash-coloured surface.
37	F.	22	Gonorrhœa; no history of sore; ulceration of upper part of vagina after appearance of eruption	No.	None for primary affection.	....	....	....	1 month.	Papular eruption, in parts becoming tubercular, recurring after an interval; inflammation of the conjunctiva of each eye.

38	F.	19	Raised florid sores, with indurated base, on opposite surfaces of both labia.	No.	None for primary affection.	....	....	.. .	5 months.	Eruption, chiefly on the shoulders and back; some spots having the appearance of lepra, others that of a central tubercle surrounded by papulæ; a spot of lepra on the left temple followed a slight injury. Tonsils enlarged and superficially ulcerated
39	F.	35	Two sores upon the labia.	..	Pills for 2 weeks, and again for 3 or 4 weeks; fumigation.	....	Twice.	3 months.	3 months.	Sore throat; tubercular eruption; rupial scabs.
40	F.	27	Sore on inferior portion of left labium.	..	Three pills daily for 1 week.	....	....	....	7 months.	Pains in the joints and bones; rupial scabs. (Sight of one eye was destroyed by old inflammation.)
41	F.	30	No history of primary affection.	After eruption appeared.	For many months for secondary affection.	....	Very much.	....	....	Florid tubercular eruption, with shining scales, having a tendency to form in circles.
42	F.	19	Gonorrhœa; ragged sore between labium and thigh.	No.	None for primary affection.	For sec. symptoms.	Yes.	....	7 weeks.	Papular eruption, recurring at the end of five weeks.
43	F.	20	Superficial sores; gonorrhœa.	Ulcerated	Hydr. bichlorid, gr. $\frac{1}{8}$ ter die, for 5 weeks.	....	....	....	3 months.	Syphilitic paronychia.
44	F.	23	Gonorrhœa; no history of any sore.	..	None for primary affection.	For sec. symptoms.	....	....	3 months.	Sore throat; tubercular eruption; tenderness of the tibia and humerus.
45	M.	22	Sore on frænum, having a pea-like induration.	Slightly enlarged gland.	None for primary affection.	For secondary affection.	1 month.	2 months.	5 months.	Sore throat; mottled skin; scaly eruption on arms. Got well without medicine after admission into hospital.
46	M.	23	Sore destroying frænum.	Ulcerated.	A week for primary symptoms; irregularly afterwards.	Directly.	Slightly at first.	3 weeks.	4 months.	Much vascularity of fauces; deep ulcer on left tonsil, with phagedenic surface. Tubercular eruption; some of the spots suppurating, others presenting scales upon their surface.
47	M.	25	No history of primary sore.	No.	Two pills night and morning for 5 weeks 9 months before admission.	For sore throat.	Teeth loose.	....	....	Destruction of soft palate, leaving exposed the inferior surface of the palate bones. Became rapidly worse after taking the mercury.
48	F.	24	No history of primary sore.	Yes.	None for primary affection.	....	....	....	3 months after bubo.	Left tonsil ulcerated; mottled skin.
49	F.	16	Gonorrhœa; condylomata.	Yes.	No.	....	No.	....	8 months.	Desquamating tubercles on chest, back, and shoulders.
50	F.	24	No history of sore.	Yes.	No.	....	No	....	2 months.	Scaly eruption.
51	M.	25	Sore on prepuce, having induration the size of a large pea.	Very slight.	Two pills each night for 2 or 3 weeks.	3 months.	Very much.	14 weeks.	15 weeks.	Psoriasis of the throat; mottled skin; scaly eruption, slightly raised.

TABLE I, CONTINUED.

	Sex.	Age.	Primary affection.	Bubo.	Took mercury.	Commenced mercury.	Mouth affected.	Primary sore healed	Appearance of secondary symptoms.	Secondary symptoms.
52	F.	17	Sore with considerable induration on nympha.	No.	None for primary affection.	....	....	....	1 month.	Scaly eruption; enlargement and scaled ulcer of tonsil.
53	M.	24	Sore without any induration on prepuce.	No.	Three pills daily for 6 weeks.	2 days.	Very slightly.	5 weeks.	3 months.	Red circular copper-coloured spots, more raised in centre than at the circumference, terminating in desquamation, and disappearing spontaneously. Excavated ulcer on tonsil.
54	F.	17	No history of primary affection.	No.	No.	....	No.	....	....	Small circular patches of eruption, resembling desquamated tubercles; those situated on the elbows and knees presenting more the character of lepra.
55	F.	18	Small circular indurated sore on left labium, with fawn-coloured surface.	Slight.	None for primary affection.	4 weeks.	....	6 weeks.	2 weeks?	Scaly eruption, slightly raised, on various parts of the body. There was a cicatrix on the tonsil.
56	M.	25	Small sore on frænum.	Yes.	One, two, or three pills daily for two months.	6 weeks.	Kept sore.	8 weeks.	11 weeks.	Excavated ulcer on tonsil; numerous small aphthous spots on soft palate. Rupial spots on forehead. Was greatly debilitated.
57	M.	22	Sore on frænum.	..	Took pills and used ointment two weeks.	At first.	For 4 weeks.	3 weeks.	18 months.	Successive crops of pustular eruption on body, limbs, and face. Patient was of a strumous constitution.
58	F.	28	Discharge; ulcerated condylomata.	Yes.	None for primary.	For sec. affection.	....	....	4 months.	Scaly circular eruption, slightly elevated, covering the whole body.
59	F.	20	Sore on inferior commissure.	..	Seven pills.	4 weeks.	Slightly.	1 month.	6 weeks.	Enlargement of tonsil; mottled skin; pains in joints.
60	M.	21	Sore, leaving indurated cicatrix on skin of penis.	Yes.	Three pills daily for ten weeks (missed a few days). At work during treatment.	Immediately.	Very slightly.	8 or 10 wks.	14 weeks.	Papular eruption; ulcerated tonsils.
61	M.	21	Sore, leaving induration on skin of penis.	Yes.	One or 2 pills daily for 7 weeks (rather irregularly). At work during treatment.	3 weeks.	Yes.	6 weeks.	5 weeks.	Excavated ulcer on tonsil; pustular eruption on back and arms; some spots, tubercular and desquamating.
62	M.	18	Sore on skin of penis, leaving induration.	No.	Two pills every night for two months.	2 weeks.	Violently.	6 weeks.	6 weeks.	Pustular eruption on face, chest, and shoulders, leaving copper coloured stains

			tion, extending through left nympha.		bis dio, for one week.					shoulders.
64	F.	20	Indurated sore.	No.	One week.	3 weeks.	Slightly.	5 weeks.	3 weeks.	Ulcerated tonsils; copper-coloured desquamating eruption on shoulders.
65	M.	26	Sore, leaving an indurated and elevated margin.	No.	Two or three pills daily for three weeks.	3 or 4 days.	For 2 weeks.	3 weeks.	5 weeks.	Scaly elevated eruption.
66	M.	34	Sloughing sore, destroying glans penis.	. .	Occasionally for 10 months, but not for longer than 3 weeks at a time.	Shortly after appearance of sore.	Once, not much.	. . . .	4 months.	Sloughing of the throat, which destroyed the arches of the palate, and extended to the back of the pharynx. The sore contracted in the process of healing, so as to render deglutition extremely difficult.
67	M.	26	Two sores, leaving induration in substance of penis behind the glans.	No.	A few pills.	At first.	No.	. . . .	2 months.	Eruption covering whole body; terminating in mealy desquamation, and of a brownish colour.
68	F.	18	Sore on labium (destroyed with caustic).	. .	Pills for 17 days.	2 weeks.	Slightly.	3 weeks.	5 weeks.	A few copper-coloured spots; ulcer on tonsil. coated with layer of white lymph
69	F.	22	Gonorrhœa.	Yes.	No.	. . . .	No.	. . . .	1 month.	Papular eruption, leaving brown stains.
70	M.	19	No history of primary disease.	No.	No.	. . . .	No.	. . . .	. . . .	Confluent slightly raised patches of eruption, circular and flat, and terminating in scabs, over whole body. When the first eruption disappeared, distinct papulæ made their appearance.
71	F.	23	Two sores, which healed in a fortnight.	No.	Three weeks.	Immediately.	Much.	2 weeks.	3 months.	Ulcerated tonsils; eruption covering body, partly papular, but for the most part larger, and desquamating upon the surface.
72	M.	27	Sore on prepuce, leaving indurated cicatrix.	Yes.	Two weeks. At work during the time.	2 weeks.	1 week.	3 weeks.	5 months.	Eruption, copper-coloured, slightly elevated; numerous small elevated papillæ in some of the portions of discoloured skin.
73	M.	29	Indurated sore on prepuce.	Very slight.	Ten weeks. At work during the time.	2 months.	Much.	4 months.	4 months.	Scaly eruption; ulcerated tonsils.
74	M.	19	Phimosis; much induration in fold of prepuce.	No.	None for primary affection.	. . . .	No.	. . . .	3 months.	Desquamating papular eruption, covering the whole body.
75	F.	25	Sore on labium, producing painful swelling.	Very slight.	None for primary affection.	3 weeks.	. . . .	. . . .	4 weeks.	Scattered scaly eruption, slightly elevated, some spots suppurating.
76	M.	26	Sore, accompanied with considerable induration, producing phimosis.	Slight.	One or 2 pills daily for three weeks.	7 weeks.	Considerably.	. . . .	. . . .	Papular eruption; ulceration between the toes.

TABLE I, CONTINUED.

	Sex.	Age.	Primary affection.	Bubo.	Took mercury.	Commenced mercury.	Mouth affected.	Primary sore healed.	Appearance of secondary symptoms.	Secondary symptoms.
77	M.	21	Sore, leaving indurated cicatrix.	No.	One pill night and morning for 2 weeks.	Immediately.	....	3 months.	2 weeks, or $9\frac{1}{2}$ months.	Papular eruption in clusters, with a few tubercles.
78	M.	33	Circular sore, leaving slight induration for three years.	No.	Several times; five weeks at first.	2 weeks.	Several times.	5 weeks.	$2\frac{1}{2}$ months.	Tubercular eruption; ulceration of throat; nodes on tibia.
79	M.	41	Discharge from urethra. No history of primary sore.	Yes.	Took pills irregularly.	1 week.	Teeth loose 3 weeks.	(Discharge ceased) 8 months.	10 months.	Irregular patch of scaly eruption on leg; sore throat.
80	M.	42	Sore behind corona glandis, reported without induration.	No.	Pills for 3 weeks, night and morning.	6 weeks.	Not at all.	2 months.	1 or 6 mnths.	Scaly eruption.
81	M	35	Extensive ulceration around corona glandis, with much swelling of prepuce.	No.	A great deal for 3 weeks. At work during this time.	3 weeks.	Not at all.	....	6 months.	Scaly eruption on arm, followed by eruption of pimples on face.
82	M.	25	Sore on penis, leaving indurated cicatrix.	Slight.	For three weeks.	1 month.	Not at all.	7 weeks.	10 weeks.	Eruption, terminating in unhealthy spots of ulceration.
83	M.	23	Sore behind corona glandis, circular, and accompanied by defined induration.	Yes.	None for primary affection.	....	....	....	11 days.	Ulceration of tonsils; papular eruption covering whole body; some spots shewing a tendency to desquamate.
84	M.	22	Slight excoriation on prepuce. No other history of primary affection.	Suppurating in both groins.	One pill every night for a week.	1 week before admission.	Gums ulcerated.	....	....	Eruption of scattered papulæ, some of which have terminated in ulceration; ash-coloured slough, with much vascularity of tonsils.
85	F.	28	Small healing sore on left labium. No history.	..	.. ..	....	....	....	....	Vascularity and superficial ulceration of throat; scaly eruption on arms and chest.
86	F.	17	Discharge: no distinct history of sore.	Yes.	None before admission into hospital.	....	....	....	3 months.	Ulceration of tonsils, and redness of the arch of the palate; eruption, principally upon the face. Improved rapidly under mercury.
87	F	19	Sore, reported indurated.	Yes.	None for primary affection.	....	....	3 weeks.	2 months.	Circular, scaly, elevated eruption, followed seven months afterwards by spots of ulceration upon different parts; ulceration through the septum of the nose. Took two powders, which salivated her.
88	M.	23	Sore, with circular induration in the situation of the frænum.	..	During five or six weeks. Much exposed to weather du-	2 months.	....	Ulcerated again, with appearance	6 months.	Desquamating eruption; ulcer on right tonsil.

			puce.	slight.						ulceration of throat. (Fresh infection two months after the first.)
90	M.	21	Small sore, not attended with, or leaving any characteristic induration.	No.	None.	....	No.	....	3½ months.	Flat circular patches of shining red elevated eruption; enlargement and ulceration of tonsils.
91	M.	25	Sore behind glans, leaving sore induration in cicatrix.	In both groins.	Three pills daily for 3 weeks. At work while taking mercury.	2 weeks.	Very much.	7 weeks.	3 months.	Three or four copper-coloured spots on head; enlargement and ulceration of tonsils; severe pain in joints.
92	M	22	Large livid sore, with much induration, terminating abruptly.	Yes.	None for primary affection.	....	No.	....	3 months.	Copper-coloured spots covering body.
93	F.	14	Sore on left labium, much inflamed and sloughing.	Very slight.	Probably for 5 wks. At usual occupation during the time.	3 weeks.	Yes.	....	2 months.	Circular, scaly, elevated eruption; enlargement and phagedenic ulceration of tonsils.
94	F	18	Discharge; warts; extensive excoriation.	Yes.	None.	....	No.	....	5 weeks.	Circular scaly eruption; lichen.
95	F.	18	No history of primary sore.	Yes.	None.	....	....	....	....	Successive crops of flat circular slightly elevated eruption.
96	M.	19	Sore, leaving indurated and irritable cicatrix.	Yes.	Hydr. c. cretâ gr. ij, o.n. for 2 weeks for secondary symptoms.	10 weeks.	No, or very slightly.	2 months.	10 weeks.	Clustered papulæ, very slightly raised, giving the skin a mottled appearance; enlargement of tonsils; pains in limbs.
97	M.	41	Ulcer, destroying anterior part of glans penis, surrounded by much induration during the period of healing.	Yes.	A few pills irregularly.	....	No.	....	1 month.	Copper-coloured spots, scattered irregularly over body; circular, slightly elevated, on forehead. Surface of skin felt as if sprinkled over with sand.
98	M.	20	Sore, which healed in 3 weeks.	..	Rubbed in 5 weeks.	At first.	Violently.	3 weeks.	9 months.	Sloughing throat (effect of mercury ?).
99	M.	28	Fissured sores on extremity of prepuce.	..	None.	....	No.	2 months.	6 months.	Flat circular patches of shining scaly elevated eruption on body.
100	M.	19	Sore, involving anterior aperture of prepuce, and corresponding portion of glans penis, accompanied by considerable swelling, but with much induration.	No.	None.	....	....	....	3 or 6 weeks.	Desquamating papular eruption.
101	F.	20	Sore on inner side of left labium.	..	No.	....	No.	....	6 weeks.	Eruption, partly papular, partly scaly, the latter flat, circular, slightly elevated.
102	M.	30	Sore on penis.	No.	Six weeks.	Directly.	No.	4 weeks.	4 months.	Desquamation of cuticle on hands and feet, with small very painful fissures.
103	M.	17	Sore on outer surface of prepuce, leaving very slight flat and superficial induration.	Yes.	Nono for primary affection.	....	....	7 weeks.	7 or 8 weeks	Faint patches of scaly eruption: irregular, but assuming a somewhat circular form; disappeared spontaneously.

TABLE I, CONTINUED.

	Sex.	Age.	Primary affection.	Bubo.	Took mercury.	Commenced mercury.	Mouth affected	Primary sore healed.	Appearance of secondary symptoms.	Secondary symptoms.
104	M.	28	Sore in depression behind glans penis, leaving induration after a course of mercury. (Had lived very hard.)	Yes.	Pil. hydr. gr. v, bis die. from Dec. 1st to Feb. 12th.	6 weeks.	6 weeks.	10 weeks.	5 months.	Papular eruption on body, subsequently becoming tubercular; sloughing ulcer of throat.
105	F.	21	Irregular painful ulceration, with red surface & abrupt edges.	Slight.	None for primary affection.	....	....	....	6 weeks.	Spots of scaly eruption on face; sore throat.
106	M.	20	Gonorrhœa; verrucæ; phimosis.	No.	Two grs. of hydr. oxym. a day, for one week.	7 weeks.	No.	....	6 weeks.	Eruption covering body; the apices of some spots containing lymph or pus, others desquamating.
107	M.	43	Sore, with glazed surface, destroying extensively the lower part of the prepuce, without any characteristic induration.	..	None.	....	No.	6 weeks.	....	Brown circular elevated patches of scaly eruption; disappeared spontaneously in six weeks.
108	F.	19	Circular sore on right labium.	Yes.	None for primary affection.	....	No.	....	9 weeks.	Circular scattered spots of scaly eruption: surface of both tonsils ulcerated, presenting a white appearance.
109	F.	16	Sore, with swelling of labia.	Yes.	None for primary affection.	7 weeks.	No.	6 weeks.	6 weeks.	Circular spots of brown scaly eruption: flat ulcer in the throat, with clean and rounded edges.
110	F.	24	Sore upon labium.	No.	Probably considerable quantity at various times.	3 months.	3 or 4 times.	3 weeks.	3 months.	Sore throat; followed by affection of the bones of the nose. The septum, turbinated bones, and nasal bones, became denuded.
111	F.	20	Sore in vestibulum.	Yes.	None for primary affection.	9 months.	....	3 weeks.	9 months?	Successive crops of eruption, leaving brown stains; affection of the eyes; dimness of sight.
112	M.	30	Sore on skin of penis. (Had the disease before)	Yes.	None.	....	No.	2 months.	4 months.	Desquamating papular eruption.
113	M.	20	Sore on lower part of prepuce (to which caustic had been applied), surrounded by general induration.	Yes.	Took a pill night and morning for one month.	3 months.	....	6 months.	6 months.	Faint copper-coloured circular spots.
114	F.	25	Sore on the external part of the labium, leaving indurated cicatrix.	Yes.	For two weeks, and afterwards for different periods.	....	For 1 week.	About 6 weeks.	6 months.	Patches of circular scaly eruption, extending towards the circumference, and leaving the skin of its natural colour in

					weeks.					ation of tonsils and iritis.
116	F.	15	Discharge; no history of sore. Inoculation from bubo produced pustules on both thighs. The cicatrices on the thighs presented deep stains, with some induration, when she discontinued taking mercury.	Ulcerated.	Rubbed in ung. hydr ℈i every night, from June 14 to July 12.	Ten days after inoculation.	Slightly.	Bubo healed in 6 weeks.	5 months.	Eruption (pustular) covering the body, disappearing spontaneously in six weeks; reappearing again in a month, and leaving copper-coloured stains, not disappearing upon pressure a year after the commencement of the disease.
117	F.	18	Sore within labia, remaining six months during pregnancy.	Yes.	Irregularly three weeks for primary affection. Rubbed in for two months for secondary.	For secondary sympts. 3 mnths. after their appearance.	Very slightly.	6 months.	6 months.	Pustular eruption, leaving pits with deep slams, not disappearing upon pressure; some spots tubercular, with shining and scaly surface. Her child had eruption, resembling that of the mother.
118	F.	19	Sore upon labium.	..	Yes.	Immediately.	Very much. 4 weeks at first, and 3 different times afterwards.	3 weeks.	Shortly after primary.	Rupia on back and legs.
119	F.	17	Sore.	Yes.	Pills for three weeks.	3 months for sec. affection.	Yes.	3 weeks.	3 months.	Eruption of lichen on body and legs; brown stains on abdomen.
120	F.	20	No history of primary affection.	Not before appear. of 2nd sympt.	No.	..	No.	..	..	Successive crops of eruption, leaving stains at the expiration of four years.
121	F.	25	Two sores on perinæum, with well-defined margins.	..	Denies having taken mercury.	For sec. affection.	Apparently.	..	5 weeks.	Scaly eruption; mottled skin.
122	F.	20	Sore on labium; discharge.	..	One pill daily for ten days.	At first.	No.	3 weeks.	3 months.	Deep ulcer on each tonsil; eruption covering body, in some places papular, in others terminating in unhealthy spots of ulceration: (scrofulous swellings in the neck.)
123	F.	18	No history or sore, but ulcer discovered on os uteri.	No.	For secondary symptoms.	Ten days after secondary affection.	..	..	..	Severe febrile attack, succeeded in about ten days by a scaly, slightly tubercular, copper-coloured eruption; tonsils enlarged.
124	F.	17	Sore, leaving indurated cicatrix at expiration of six months.	..	15 days at first; 6 wks. at end of 4 mths.	At first.	Slightly.	6 months.	?	Papular eruption, reappearing; emaciation; pains in limbs.
125	F.	22	Sore on labium.	Yes.	No.	..	No.	4 weeks.	?	Chapped and dry condition of the skin of hands and feet; epithelium peeled off tongue; vascularity and superficial ulceration of throat; some eruption on skin; condylomatous looking excrescences in axilla.

TABLE I, CONTINUED

	Sex.	Age.	Primary affection.	Bubo.	Took mercury.	Commenced mercury.	Mouth affected.	Primary sore healed.	Appearance of secondary symptoms.	Secondary symptoms.
126	M.	19	Sore on anterior parts of glans penis, without much induration.	Yes.	For secondary affection	9 weeks.	Yes.	3 months.	7 weeks.	Vascularity of tonsils ; mottled skin
127	M.	25	Gonorrhœa; phimosis.	No.	.. ..	..	..	..	5 weeks.	Eruption, confined to upper part of left thigh, consisting of thickly-studded desquamating papulæ.
128	M.	28	Sore on prepuce.	..	For secondary affection.	6 months.	Slightly.	3 months.	Within 6 months.	Sore throat; eruption of body, followed by node on tibia, and numerous spots of unhealthy ulceration on head.
129	M.	22	Small circular sore behind corona glandis, with indurated base. Buboes presented induration (which terminated abruptly), and were occasionally very tender for more than three months	In both groins	Ung. hydr. ℥ss. every night, or alternate night, for fifteen days.	2 months.	Gums very tender.	2 months, without induration.	3 months.	Scaly, elevated eruption, covering body ; dark copper-coloured tubercles on forehead ; emaciation.
130	M.	24	Circular sore on skin of penis.	Never.	Rubbed in 2 weeks. Bowels much confined during the time.	2 weeks.	Most violently.	4 weeks.	2 months.	Eruption of central tubercle, with surrounding papulæ: scattered papulæ in various parts of the body.
131	M.	20	Condylomatous-looking sores on skin of penis, leaving raised induration.	No.	None for primary affection.	For sec. affection.	No.	About 2 months.	2 months.	Mottled skin, the darker parts slightly raised.
132	M.	25	Sore, leaving deep seated abrupt induration at end of nine months; remaining after taking medicine for secondary syphilis.	Yes.	Said he took pills for two months.	At first.	Not at all.	6 weeks, leaving "callous lump."	6 months.	Eruption of clustered papulæ.
133	M	28	Had several sores; last one healed by caustic, leaving no induration.	No.	None for the last sore, but previously.	..	12 months before admission.	Last sore 4 weeks.	6 months.	Several sores, covered with thick brown scabs, on head and face ; throat irregularly and extensively ulcerated.
134	M.	24	Sore on lower part of prepuce, causing paraphimosis.	Yes.	No.	..	No.	10 weeks.	3 months.	Sloughing throat ; spots of scaly, circular, elevated eruption ; other spots, terminating in patches of ulceration, concealed by thick brown scabs.
135	M.	23	Sore behind corona glandis, destroyed by caustic.	..	One week ; bowels much confined.	5 weeks.	3 weeks	3 weeks.	6 months.	Eruption of desquamating papulæ on body, followed by iritis ; scrofulous glands in the neck.
136	F.	17	Discharge. Increased vascu-	..	No.	..	..	..	Uncertain.	Circular patches of scaly eruption cover-

137 F. 21	Corresponding superficial sores on the opposite surfaces of labia; sore, with indurated base, on margin of anus, extending within the sphincter.	Yes.	No.	. .	. .	4 months at least.	4 or 6 months.	A few circular slightly raised spots on arms and body, followed by darkish brown discolouration of mouth, terminating in mealy exfoliation; subsequently, tubercular eruption scaling upon the surface; one spot on the chin, presenting the character of lepra.
138 F. 17	Sore on left labium.	Yes.	For nearly a month. Bowels very much confined.	At first.	Violently.	5 months.	3 months.	Sore throat; scattered spots of copper-coloured eruption re-appearing during nine months.
139 F. 18	Discharge; ulcer, which broke out again after healing.	Yes.	No.	. .	. .	1 month.	4 months.	Clustered papulæ, forming patches of eruption on various parts of the body.
140 M. 23	Phimosis, with thickening in the upper part of the prepuce from a sore.	No.	Rubbed in ung. hydr. ʒss. o. n. for ten or twelve days.	2 months.	Yes.	Thickening and phimosis remained after 4 mths.	4 months.	Sloughing throat; enlarged tonsils; eruption of small pale papulæ covering face and body; one or two spots of scaly eruption.
141 M. 32	Sore, leaving indurated cicatrix.	No.	None for primary affection.	For sec. symptoms	For sec. symptoms.	. .	. .	Tubercles, covered with very thin shining scales, and terminating in a few places in circular spots of ulceration.
142 F. 21	Small sore.	No.	None for primary affection.	For sec. symptoms.	For sec. symptoms.	3 weeks.	6 months.	Scaly, irregular eruption on face and upper part of body; a few distinct spots, considerably raised.
143 F. . .	Discharge. No history of sore.	Yes.	5 or 6 weeks. Bowels much confined.	Says for bubo.	Profusely for 1 week.	. .	10 months.	Scaly eruption, scarcely elevated, covering body.
144 M. 21	Sore, commencing as small pimple, which broke in a week.	Yes.	None for primary affection.	For sec. affection.	. .	6 weeks.	3 months.	Clustered papulæ, covering whole body, the central papulæ the largest; sore throat; tonsils presenting an ash-coloured surface.
145 M. 21	Sore, extending under prepuce, surrounded by much induration.	Yes.	Took a few pills.	1 month.	Slightly.	10 weeks.	10 weeks.	Excavated ulcer of tonsils; small tubercles on forehead, some of which present points of lymph or pus.
146 F. 20	Sore within right labium.	Yes.	For three weeks.	6 weeks.	Slightly.	3 months.	6 months.	Spots of scaly eruption, covering the whole of the body in irregular patches, indolent ulceration of the throat.
147 F. 20	Sore within labia. Had the disease before.	No.	In sarsaparilla for four weeks.	5 weeks.	No.	6 weeks.	2 months.	Isolated scaly spots on body, assuming a tubercular character upon the neck.
148 F. 19	Sore, appearing as small pimple.	Yes.	None.	For sec. affection.	No.	1 month.	9 weeks.	Small circular patches of copper-coloured eruption, scaling on surface, covering the whole body.

TABLE I, CONTINUED.

	Sex.	Age.	Primary affection.	Bubo.	Took mercury.	Commenced mercury.	Mouth affected.	Primary sore healed.	Appearance of secondary symptoms.	Secondary symptoms.
149	F.	21	Circular sore on external surface of labium, without much induration, presenting rounded eminences in the centre.	No.	None for primary affection, except cinnabar fumigation for twenty days.	For sec. affection.	Slightly.	2 months.	10 weeks.	Enlarged tonsils, presenting circular, flat, opposed ulcers, with red margins; scaly eruption, confined to arms; dryness of cuticle of palms of hands.
150	F.	17	Sore on external labium, leaving induration for five weeks after it healed.	No.	For five weeks; and rubbed in for three weeks subsequently. Bowels very much confined.	2 weeks.	Sore for three weeks.	1 month.	2 months.	Enlargement and superficial ulceration of the tonsils, which presented a dirty surface, covered with purulent secretion. This continued, more or less, for eight months, and was then followed by spots of copper-coloured eruption on the forehead and arms.
151	F.	19	Sore on inner surface of labium.	No.	None for primary affection.	For sec. symptoms.	For sec. symptoms.	3 weeks.	2 months.	Eruption covering body, leaving copper-coloured stains.
152	M.	24	Sore, with cartilaginous hardness, causing phimosis.	Slight.	Half a dozen doses.	..	No.	..	1 month.	Ulcerated throat; scaly eruption covering body.
153	M.	28	Ulceration of glans penis, succeeding previous disease.	..	Took thirty pills, two a-day.	5 weeks.		..	5 weeks.	Ulceration of tonsils, as deep at circumference as in the centre; small spots of flat scaly eruption covering body.
154	M.	24	Sore on corona glandis, with indurated base.	Yes.	None for primary affection.	3 months	For sec. symptoms.	6 weeks.	10 weeks.	Ulcer on both tonsils, covered with a layer of adhering ash-coloured lymph; papular eruption, three or four papulæ being clustered together, and desquamating by means of one entire piece of cuticle, giving something the appearance of scaly eruption.
155	M.	28	Gonorrhœa. No history of sore.	No.	For two weeks, and subsequently for a month, for secondary affection.	6 months.	Twice for secondary symptoms.	..	6 months.	Scaly eruption covering body; followed for two years by continued re-appearance of small pimples on the nose, and circular red elevated patches of cuticle on palms of hands.
156	M.	26	Sore upon skin of penis.	Slight.	For three weeks for secondary affection.	6 months.	Slightly.	About two weeks.	6 months.	Scaly, flat, elevated eruption; small brownish tubercles under the thick cuticle of hands continued to re-appear for two years. Had a phagedenic sore on the penis after the first appearance of the eruption.

157	F.	20	Sore on right labium, leaving a permanent cicatrix; induration remained for three weeks after it had healed.	No	No.	..	..	2 months.	5 months.	Scaly eruption, followed in three months by a crop of pimples on chest and body: six months after, distinct circular patches of scaly eruption with raised edges; right tonsil superficially ulcerated; livid raised tubercles on hands. Had a fresh sore five months before the appearance of the last-mentioned eruption.
158	M.	35	Sore, with indurated edges, commencing as a pimple.	No.	None for primary affection.	For sec. symptoms.	For sec. symptoms.	6 weeks.	6 weeks.	Desquamating copper-coloured eruption.
159	M.	17	Sore round corona glandis.	No.	Irregularly, for secondary affection, and in large quantities.	4 months.	For three months.	5 months.	4 months.	Circular spots of copper-coloured eruption, raised at the edges, and covered by light ragged scales.
160	M.	20	Indurated sore, destroying frænum.	No.	Took 2 pills a-day for 3 weeks, and 1 pill a-day 5 weeks more. At work out of doors while taking mercury.	3 weeks.	Yes.	2 months.	4 months.	Circular red eruption; skin mottled; elevated circular patches in palms of hands; sore throat.
161	M.	46	Almond-shaped sore on skin of penis: another sore on left lip of the urethra.	In right groin.	Rubbed in a fortnight.	10 weeks.	Yes.	13 weeks.	6 months.	Livid copper coloured spots on body, with tendency to ulcerate in the centre; tubercles on face. Had been very badly fed previous to appearance of eruption.
162	M.	27	Several sores on penis; one destroying the lips of the urethra, leaving some induration.	No.	Three or four pills only.	For sec. affection.	No.	1 month.	3 months.	Eruption of clustered papulæ on shoulders, arms, legs, and face.
163	M.	22	Sore, with much circumscribed induration.	Slight.	For secondary affection.	..	..	2 months.	1 month.	Faint tubercular eruption on back, arms, face, and body.
164	M.	22	Sore behind corona glandis, leaving induration.	Yes.	Irregularly, at different times.	For primary affection.	Once slightly.	1 month.	3 months.	Clustered papulæ of very livid colour, forming distinct patches on back, and elsewhere; some inclined to desquamate.
165	M.	18	Sore, destroying frænum, and leaving induration.	No.	None.	..	..	9 days.	2 months.	Mottled skin, caused by prominent papillæ, which are redder than natural.
166	M.	23	Superficial sore on prepuce, healing without induration, but leaving a glazed appearance.	Isolated gland for 4 months.	None for primary affection.	..	..	3 or 4 weeks.	2 months.	Mottled skin from prominent papillæ; circular patches of scaly eruption, with healthy skin in centre; vascularity of throat; red spots on palms of hands, without elevation of the cuticle.

TABLE II. GIVING A STATISTICAL ANALYSIS OF THE 166 CASES OBSERVED.

	Bubo.	No bubo.	No record of existence of bubo.	Papular eruption.	Pustular eruption.	Scaly eruption.	Tubercular eruption.	Copper-coloured blotches.	Ulcerated throat.	Throat affected, but not mentioned as ulcerated.	No history of primary ulcer.	Ulcer with characteristic induration.	Ulcer not characterized.
In the 166 cases, recorded in Table 1, there were......	78	55	33	44	15	60	30	19	63	17	20	67	79
Or per cent.........	47	33·1	19·8	26·5	9	36	18	11·4	32	10·2	12	40·3	47·5
In 31 of these cases, occurring in males, where the primary sore presented a characteristic induration and was treated by mercury	19	11	1	7	4	11	6	4	14	5	..	..	..
Or per cent.........	61	35	3·	22·5	12·8	35	19	12·8	4·5	16	..	..	..
In 17 of these cases, occurring in males, where the primary sore presented characteristic induration, treated without mercury	7	9	1	8	2	5	2	2	5	2	..	..	..
Or per cent.........	41	53	5·9	47	11·7	29	11·7	11·7	29	11·7	..	..	..
In 21 of these cases, occurring in men, where the primary sore is not recorded as indurated, but was treated with mercury	8	5	8	4	3	3	5	4	8	0	..	..	..
Or per cent.........	38	23·8	38	19	14	14	23·8	19	38	0	..	..	..
In 19 of these cases, where the primary sore is not recorded as indurated, and was treated without mercury	10	5	4	3	1	10	1	1	10	2	..	..	..
Or per cent.........	52·6	26	21	15·7	5	52·6	5	5	52·6	10·5	..	..	..
Thus, in 48 cases, in male patients, presenting characteristic induration, there were	26	20	2	15	6	16	8	6	19	7	..	..	..
Or per cent.........	54	41·6	4	31	12·5	33·3	16·6	12·5	39·5	14·5	..	..	..
In 40 cases, where no induration was noticed	18	10	12	7	4	13	6	5	18	2	..	..	..
Or per cent.........	45	25	30	17·5	10	32·5	15	12·5	45	5	..	..	..
In 52 cases, where the primary sore was treated with mercury	27	16	9	11	7	14	11	8	22	5	..	..	..
Or per cent	51·9	30·7	17·3	21	13·4	26·9	21	15·3	42·3	9·6	..	..	..
In 36 cases, where the primary sore was treated without mercury	17	14	5	11	3	15	3	3	15	4	..	..	..
Or per cent.........	47·2	38·8	13·8	30·5	8·3	41·6	8·3	8·3	41·6	11·1	..	..	..

London, 13, Dover street, August 1849.